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United Nations Population Fund

Country programme document for Albania

Proposed indicative UNFPA assistance:	$3.5 million: $2.5 million from regular resources and $1 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2017-2021)
Cycle of assistance:	Fourth
Category per decision 2013/31:	Pink

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	1.2	0.5	1.7
Outcome 2	Adolescents and youth	1.0	0.5	1.5
Programme coordination and assistance		0.3	-	0.3
Total		**2.5**	**1.0**	**3.5**

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Please recycle

I. Situation analysis

1. Albania is an upper middle-income country that has undergone political, economic and social changes over the past 25 years and still faces many challenges to fulfilling its aspirations for accession to the European Union. New reforms have been introduced to improve local government functions and service delivery. Gross domestic product (GDP) is $4.619 with significant regional disparities. Spending on health care is about 2.6 per cent of GDP and 10 per cent of national budget. The percentage of the health budget allocated to sexual and reproductive, health, including mother and child health and family planning, is estimated at 15 per cent.

2. The 2011 census indicated that Albania had a population of 2.8 million, evenly split between urban and rural areas. Albania is one of the youngest countries in Europe with 46 per cent of the population under the age of 29. The total fertility rate is 1.78 children per woman, below the level of replacement. Life expectancy at birth is 81 years for women and 75 years for men, while Roma die at least ten years younger than non-Roma. Owing to the combined effect of increasing life expectancy, reduced fertility and emigration of young adults, the population share of persons aged 65 and over increased from 5 to 11 per cent from 1989 to 2011. The number of elderly almost doubled in this period to 318,000 persons, and is projected to reach 591,000 in 2031, accounting for 33 per cent of the total population. The UNFPA survey on sex imbalances at birth (2012) shows a sex ratio at birth of 111.7 while the 2011 census 2011 shows a ratio of 109. This suggests that sex-selective abortions continue to be performed.

3. Disparities and inequalities among some groups of the population persist in Albania, notably between urban, rural and different ethnic groups. The 2011 census identified 8,300 Roma and 3,368 Egyptians. Other studies report figures from 18,276 to 120,000 Roma and over 200,000 Egyptians (Albanian Action Plan for the Integration of Roma and Egyptian, 2016-2020), revealing their significantly worse health situation compared to the rest of the population (European Commission, Roma Health Report, April 2014).

4. The health system faces challenges related to: ensuring universal access to high quality health-care services; integrating services at the primary health care level; generating data for planning and reporting; monitoring quality of care; strengthening skills of health personnel to implement health programmes and clinical guidelines and protocols at every level; out-of-pocket expenditures (55 per cent of total health expenditures). These factors have led to fragmented health care and increased inequalities in accessing quality health services, especially at the primary health care level. In addition, confidence in health institutions has decreased significantly as per the latest opinion polls, rating satisfaction less than 50 per cent.

5. The maternal mortality ratio decreased from 71 per 100,000 live births in 1990 to 29/100,000 in 2015. Antenatal care coverage and percentage of deliveries attended by skilled health personnel are high. However, disparities still exist. For example, the prevalence of at least four antenatal visits is higher in urban areas (82 per cent) than in rural areas (57 per cent). An increasing modern contraceptive prevalence rate is one of the health-sector priorities, considering the current rate at 11 per cent. The incidence of cervical cancer in Albania is estimated at 2.7 per 100,000 people and mortality 1.7 per 100,000 people. The mortality rate from cervical cancer among women aged 15-45 years is surpassed only by that from breast cancer. System structures and capacities for early detection services remain weak; screening is not systematic and covers less than 10 per cent of the target population. The adolescent birth rate in the general population is less than 30 per 1,000 persons but much higher for Roma. According to the 2011 census 2011, within the Roma population, 19 per cent marry before the age of 17. At the age of 18, over 43 per cent of Roma women have already given birth.

6. Albania has a low HIV prevalence rate, estimated at 0.03 per cent. However, it is difficult to determine the extent and dynamics of HIV and AIDS in Albania, due to the low rate of voluntary testing, reported to be the lowest in the WHO Europe region. The 2014 HIV surveillance data from the European Centre for Disease Prevention and Control shows that Albania has the highest figures of mother-to-child transmission in the region. Syndromic surveillance shows that the number of cases of sexually transmitted infections has increased from 802 in 2010 to an average of 1,330 cases per year between 2011 and 2014.

7. Access to all levels of education has shown a significant increase, with primary and lower secondary school enrolment nearly universal. Still, severe disparities in access to education among vulnerable groups – including low-income families, Roma, Egyptian, street children and children with disabilities – continue to exist. On average, Roma and Egyptians complete five to six years of education (Roma and Egyptian Social Economic Survey, 2011), compared to the national average of 10 years (2011 census). The pre-university education reform has created an enabling environment for scaling up comprehensive life-skills, health and sexuality education, and for improving the quality of education.

8. More than half of Albanian women (aged 15-49 years) have experienced at least one form of domestic violence in their lifetime. The reporting of gender-based violence has increased from 56 per cent in 2007 to 59 per cent in 2013. Women, girls and other vulnerable and marginalized groups – such as out-of-school young people, Roma, Egyptians and the elderly – need protection and social care systems which ensure that their rights and potential are fulfilled throughout their lifetime.

II. Past cooperation and lessons learned

9. The previous country programme (2012-2016) should be considered within the United Nations–Government of Albania Programme of Cooperation, 2012-2016. The country programme invested in four areas: sexual and reproductive health; youth and adolescents; gender equality; and population and development. The country programme evaluation highlighted the following key achievements: (a) an advanced sexual and reproductive health agenda at the national level, which included adolescent sexual and reproductive health, focused on marginalized young people, through the promotion of dialogue and coordination among key stakeholders; developed national strategies on sexual reproductive health and rights, and consolidated reproductive health services at every level, including youth-friendly services; informing and engaging communities in health-related activities; (b) support for behavioural change communications through peer education activities and the initiation of the implementation of comprehensive sexuality education; (c) ensured gender mainstreaming in policies and strategies and advocated for the strengthening of the health-care response to gender-based violence; and (d) improved data collection and analysis related to population issues and strengthened institutional capacities.

10. The lessons learned and recommendations for the next country programme highlighted the need to: (a) further contribute to national efforts in health, education and social welfare sector reform; (b) assist national stakeholders in strengthening system governance and leadership; (c) strengthen human capital; (d) foster participatory processes with the engagement of government and non-government stakeholders in order to improve inclusion, transparency and accountability; (e) advocate for sustainable policy gains focused on tracking implementation at every level and among the most marginalized; (f) strengthen effective use of information and data at all levels to support planning and policy implementation analysis; and (g) improve the promotion and awareness-raising of high-quality health and foster an evidence-based and rights-based approach to drive behavioural change.

III. Proposed programme

11. The Government and UNFPA developed the fourth country programme, for 2017-2021, through a participatory approach in consultation with national stakeholders, including particularly civil society. The country programme is aligned with national priorities (the National Strategy for Development and Integration), the Government of Albania and United Nations Programme of Cooperation 2017-2021, the 2030 Agenda for Sustainable Development and the national aspiration for European integration. Based on the collective United Nations strategic planning process and corporate UNFPA theory of change analysis, the country programme focuses its strategy on: advocacy for policy implementation; knowledge management for evidence-based policy; and strengthening civil society and communities to hold duty bearers accountable. UNFPA will implement the programme through national ownership, with civil society, United Nations organizations and development partners, in order to reduce inequalities in sexual and reproductive health and rights, including for young people and focused on the most vulnerable and marginalized. The programme will harness the momentum of national reforms, including increased decentralization, and work through national coordination mechanisms.

12. The programme contributes to national work on a 2030 Agenda implementation that is universal, inclusive, human-rights based, integrated and anchored in the principles of equality. Key programming strategies include providing policy dialogue and advice to address the needs of the most marginalized groups at the national and subregional levels, and generating evidence for policy development, implementation, and monitoring and evaluation of policy impact.

A. Outcome 1: Sexual reproductive health services

13. Output 1: Strengthened health system to provide equal access to quality integrated sexual and reproductive health services at national and municipal levels and in humanitarian settings. This will be achieved through advocacy, policy dialogue and technical assistance in: (a) generating data for evidence-based policy advice, informing health-care reform focused on service delivery in primary health care, reaching out to women and girls, Roma and Egyptian, elderly, adolescents and youth; (b) strengthening mechanisms for monitoring the quality of integrated sexual and reproductive health services; (c) developing or adapting rights-based clinical guidelines, protocols and standards for provision of integrated sexual and reproductive health services; (d) institutionalizing new sexual and reproductive health and rights training curricula for health providers that integrate the principles and standards of human rights and gender equality; and (e) strengthening the preparedness of national response mechanisms in delivering sexual and reproductive health services in humanitarian crises and emergencies, including services for adolescents.

14. Output 2: Strengthened engagement and partnerships between government and non-governmental institutions to promote reproductive rights and empowerment of women, and reduce inequalities in sexual and reproductive health. This will be achieved through advocacy, policy dialogue, technical assistance and common activities with the responsible structures of the Government regarding the Sustainable Development Goals 1, 2, 3, 4, 5, 10, 16 and 17, according to a structured and detailed plan of activities in: (a) strengthening coalition building and coordination among key stakeholders around sexual and reproductive health priorities; (b) increasing demand for quality sexual and reproductive health services, especially family planning; (c) strengthening the role of non-governmental organizations in advocacy and policy dialogue to advance the International Conference on Population and Development agenda and increase accountability; and (d) promoting policy and advocacy dialogue to increase domestic investments into sexual and reproductive health.

B. Outcome 2: Adolescents and youth

15. Output 1: Rights and needs of adolescents and youth are fully addressed in laws, policies and programmes, including comprehensive sexuality education at national and subnational levels and in humanitarian settings. This will be achieved through advocacy, policy dialogue and provision of technical assistance in: (a) establishing national mechanisms to promote the participation of young people in policy and decision-making related to sexual and reproductive health, including HIV and sexually transmitted infections; (b) promoting the reproductive rights of adolescents and youth, especially the marginalized; (c) supporting the Government and key partners in strengthening youth peer education programmes and school-based comprehensive sexuality education; and (d) supporting research on youth issues and evaluation of youth initiatives.

16. Output 2: Strengthened multi-sectoral response for the prevention and management of gender-based violence and harmful practices, with a focus on adolescents and youth, including in humanitarian settings. This will be achieved through: (a) strengthening the multi-sectorial response to gender-based violence; (b) implementing gender-transformative programming that addresses child marriage and sex-selective abortions; (c) supporting data collection and utilization for evidence-based, gender-sensitive policies focused on youth, marginalized and key populations, Roma and Egyptians, men having sex with men, injecting drug users, lesbian, gay, bisexual and transgender, commercial sex workers, migrants and victims of violence; (d) strengthening communication strategies to increase awareness of reproductive rights, prevention of gender-based violence and harmful practices; (e) strengthening monitoring and tracking mechanisms for the implementation of recommendations from international legal instruments.

IV. Programme management, monitoring and evaluation

17. Programme implementation will be guided by the standard operating procedures of the United Nations Development Group for Delivering-as-One. The resource mobilization plan will guide efforts to leverage influence and co-financing with the Government, United Nations partner organizations and other development partners on identified priorities and funding gaps. The partnership plan will build on existing partnerships while pursuing strategic partnerships to deliver programme results. UNFPA will proactively participate in joint programing in sexual and reproductive health and reproductive rights, adolescents and youth, gender-based violence, gender equality, and data collection and analysis.

18. National execution will be the preferred implementation modality. UNFPA will select implementing partners based on capacities, strategic position and ability to deliver high-quality programmes, monitor their performance and periodically adjust implementing arrangements. UNFPA will continue to promote South-South cooperation. UNFPA will develop a monitoring and evaluation plan and related tools for periodic progress reviews, in line with strategic plan requirements and country needs, and may re-programme development activities in the event of an emergency.

19. The UNFPA country director will oversee programme implementation, with country office staff performing management and development effectiveness functions, funded from the UNFPA integrated budget. UNFPA will allocate programme resources for staff to provide technical and programme support. The country office will seek enhanced support from the regional office, especially in areas not covered by the country programme, and guidance from technical units at UNFPA headquarters, as appropriate.

RESULTS AND RESOURCES FRAMEWORK FOR ALBANIA (2017-2021)

National priority: Governance and rule of law and social cohesion: health, education, social protection, child protection and gender-based violence.
National Development Goals: Accession to the European Union; good governance, democracy and the rule of law; investing in people and social cohesion; SDGs: 1, 2, 3, 4, 5, 10, 16 and 17.
United Nations Plan of Cooperation Outcome 1: State and civil society organizations perform effectively and with accountability for consolidated democracy in line with international norms and standards.
United Nations Plan of Cooperation Outcome 2: All women, men, girls and boys, especially those from marginalized and vulnerable groups, are exercising their entitlements to equitable quality services, in line with human rights; and more effective and efficient investments in human and financial resources are being made at central and local levels to ensure social inclusion and cohesion.

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partners	Indicative resources
Outcome 1: Sexual and reproductive health Increased availability and use of integrated sexual and reproductive health services, including family planning, maternal health and HIV, that are gender-responsive and meet human rights standards for quality of care and equity in access Outcome indicators: • Contraceptive prevalence rate (modern methods) *Baseline: 11%; Target: 15%* • Total expenditure per capita for: (a) Health: *Baseline (2016): $123;* *Target (2021): $152* • (b) Reproductive, maternal, neonatal and adolescent health: *Baseline (2016): $25;* *Target (2021): $34*	Output 1: Strengthened health system to provide equal access to quality integrated sexual and reproductive health services at national and municipal levels and in humanitarian settings	• Number of guidelines, protocols and standards for the provision of integrated sexual and reproductive health services, including for vulnerable groups endorsed by Ministry of Health *Baseline: 8; Target: 12* • Number of new human rights-based training programmes covering sexual and reproductive health services at all levels, including for vulnerable groups, institutionalized *Baseline: 0; Target: 4* • Minimum initial service package national contingency plan operationalized *Baseline: No; Target: Yes* • Percentage of service delivery points (primary health care and maternity units) with no stock-outs of modern methods of contraception in the last six months *Baseline 2015: 80 %; Target: 90%*	Ministry of Health, United Nations organizations, development partners, Institute of Public Health, Health Insurance Fund, National Centre for Quality, Safety and Accreditation of Health Institutions, National Centre for Continuous Medical Education, the private sector, civil society organizations, Ministry of Education, Ministry of Social Welfare and Youth, the Ombudsman, Parliament	$1.7 million (1.2 million from regular resources and 0.5 million from other resources)
	Output 2: Strengthened engagement and partnerships between government and non-governmental institutions to promote reproductive rights and empowerment of women, and reduce inequalities in sexual and reproductive health	• Core set of sexual and reproductive health indicators, included in the national health management information system *Baseline: No; Target: Yes* • Number of national mechanisms to monitor sexual and reproductive health strategies and programmes established *Baseline: 1; Target: 3* • Number of participatory platforms at national and municipal levels for non-governmental organizations and community-led organizations that advocate for increased investment in sexual and reproductive health and reproductive rights, including for vulnerable groups and key populations established *Baseline: 2; Target: 4*		

Outcome 2: Adolescents and youth Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health Outcome indicators: • Contraceptive prevalence rate (modern method) among sexually active adolescents (aged 15-19 years) *Baseline: 29%; Target: 41%* • Percentage of young women and young men aged 15-24 years with comprehensive knowledge about HIV and AIDS *Baseline 36%; Target: 51%* • Proportion of the national youth action plan implemented *Baseline: 5%; Target: 80%* • National mechanism tracking, monitoring and reporting international legal instruments on human rights established and operational *Baseline: No; Target: Yes*	Output 1: Rights and needs of adolescents and youth are fully addressed in laws, policies and programmes, including comprehensive sexuality education at national and subnational levels as well as in humanitarian settings Output 2: Strengthened multi-sectoral response for prevention and management of gender-based violence and harmful practices with a focus on adolescents and youth, including in humanitarian settings	• Proportion of secondary schools with comprehensive sexuality education introduced in the curricula *Baseline 2016: 20% (2016); Target: 80%* • Number of participatory platforms for non-governmental organizations that advocate for increased investment in youth, including marginalized adolescents and youth *Baseline: 1; Target: 3* • Percentage of young people (aged 15-24 years) reporting that sexual and reproductive health services are accessible (by key population groups) *Baseline: Not available; Target: Increase by 30%* • Coordinated community response model introduced in health sector response to gender-based violence *Baseline: No; Target: Yes* • Standard operating procedures for health sector on gender-based violence implemented *Baseline: No; Target: Yes*	Ministries of: Health; Social Welfare and Youth: Education; United Nations organizations; development partners; Institute of Public Health; Health Insurance Fund; National Centre of Quality, Safety and Accreditation of Health Institutions; National Center of Continuing Education; the private sector; civil society organizations; the Ombudsman; Parliament	$1.5 million (1 million from regular resources and 0.5 million from other resources) Total for programme coordination and assistance: $0.3 million from regular resources